



IOWA DEPARTMENT OF VETERANS AFFAIRS
IOWA VETERANS CEMETERY

Application: Pre-Registration for Burial Determination

This application is used to determine eligibility for burial at the Iowa Veterans Cemetery. The application is required to be completed at the time of need or may be used for a pre-need determination. There is no cost for pre-need determination and it does not obligate the veteran to be interred at the cemetery. Pre-need determination is intended to simplify and assist the veteran's next-of-kin at the time of death. Once eligibility is determined, the applicant will receive confirmation, either by regular mail or email.

SECTION 1: VETERAN INFORMATION

First _____ Middle _____ Last _____ Suffix (Jr., Sr.) _____

Address _____ City _____ State _____

County _____ Zip _____ Phone _____ Cell _____

Date of Birth (mm/dd/yyyy) _____ Social Security # _____

☐ Male ☐ Female ☐ Married ☐ Single ☐ Divorced ☐ Widowed Has Veteran Passed: Yes No

Interment Preference: ☐ Cremated (in-ground) ☐ Cremated (columbarium wall) ☐ Casketed ☐ Unknown at this time

Do you anticipate that your spouse will be buried at the cemetery? [] Yes [] No Has Spouse Passed: Yes No

SECTION 2: SERVICE RECORD

Branch(s) of Service _____ Highest Rank _____ Service Number (If applicable) _____

Date(s) Entered _____ Date(s) Separated _____

Please include ALL periods of service (See Section 4)

SECTION 3: SPOUSE INFORMATION (If also a veteran, a separate application is required.)

First _____ Middle _____ Last _____

Date of Birth (mm/dd/yyyy) _____ Social Security # _____

Interment Preference: ☐ Cremated (in-ground) ☐ Cremated (columbarium wall) ☐ Casketed ☐ Unknown at this time

I certify that all of the information provided is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT _____ Date _____

Email of Applicant _____

NOTE: If Email address provided, approval letter will be sent VIA Email not regular mail.

Contact Information (*other than Applicant or Spouse*): Name _____

Contact Email _____ Phone _____ Relationship _____

SECTION 4:

Please send this application and **copies** of the following documents with your application (**DO NOT SEND ORIGINALS**):

1. Veterans Military Discharge Paperwork (DD-214 – NGB22 – WD AGO – NAV-PERS).

NOTE: Please send ALL discharge paperwork so we have a complete picture of your service.

All Active Duty Time ... Guard or Reserve Service ... Retirement Letter ... Valor Awards

Must show date entered and separated as well as "Character of Service"

2. Marriage certificate required for all couples, including dual veteran couples.

Mail the application and supporting documents to the following address:

Iowa Veterans Cemetery
34024 Veterans Memorial Drive
Adel, Iowa 50003-3300
Phone (515) 996-9048 Fax (515) 996-9102

FOR CEMETERY USE ONLY

[] Approved _____ [] Reason Denied/Deferred: _____